

PETITIONER: RESPONDENT:	CASE NUMBER:
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CHILD CUSTODY AND VISITATION ATTACHMENT

1. ☐ **CHILD CUSTODY AND VISITATION** ☐ To be ordered now and effective until the hearing.

a. ☐ **Custody**

I request custody orders as follows:

Child's nameBirth dateCustody to (name)b. ☐ **Visitation**

I request that (name):

have the following temporary visitation rights:

- (1) ☐ No visitation ☐ until the hearing ☐ after the hearing
 (2) ☐ The following specific visitation schedule: ☐ until the hearing ☐ after the hearing

- (i)
- ☐
- WEEKENDS**
- (specify starting date): _____

(Name):

will have the children with him/her from:

<input type="checkbox"/> First weekend of the month (specify day(s) and time): <input type="checkbox"/> Second weekend of the month (specify day(s) and time): <input type="checkbox"/> Third weekend of the month (specify day(s) and time): <input type="checkbox"/> Fourth weekend of the month (specify day(s) and time): <input type="checkbox"/> Fifth weekend of the month, if any (specify day(s) and time):	from _____ to _____ from _____ to _____ from _____ to _____ from _____ to _____	at _____ at _____ at _____ at _____ at _____ at _____ at _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> p.m. <input type="checkbox"/> p.m. <input type="checkbox"/> p.m. <input type="checkbox"/> p.m. <input type="checkbox"/> p.m. <input type="checkbox"/> p.m. <input type="checkbox"/> p.m.
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- (ii)
- ☐
- ALTERNATE WEEKENDS**
- (specify starting date): _____

(Name):

will have the children with him/her from (specify day(s) and time):

 from _____ at _____ ☐ a.m. ☐ p.m. to _____ at _____
☐ a.m. ☐ p.m.

- (iii)
- ☐
- MID-WEEK**

(Name):

will have the children with him/her on (specify day(s) and time):

 from _____ at _____ ☐ a.m. ☐ p.m. to _____ at _____
☐ a.m. ☐ p.m.

- (iv)
- ☐
- OTHER**
- (specify days and time as well as any additional restrictions):
- ☐
- See Attachment 1.b.(2)(iv)

- (3)
- ☐
- SUPERVISED VISITATION**
- ☐
- until the hearing
- ☐
- after the hearing

I request that (name):

have supervised visitation with the minor children according to the schedule marked above and that the visits be supervised by (name): _____, who is a

☐ professional ☐ non-professional supervisor. The supervisor's phone number is (specify): _____

I request that the costs for supervision be paid as follows: Mother: _____ %, Father: _____ %

- (4)
- TRANSPORTATION FOR VISITATION AND PLACE OF EXCHANGE**

- (i) ☐ Transportation to the visits will be provided by (name):
 (ii) ☐ Transportation from the visits will be provided by (name):
 (iii) ☐ The exchange of the children will occur at (specify address):
 (iv) ☐ Other (specify):

- (5)
- THE MINOR CHILD OR CHILDREN OF THE PARTIES MUST NOT BE REMOVED BY (name):**

- (i) ☐ from the State of California.
 (ii) ☐ from the following counties (specify):
 (iii) ☐ other (specify):